

# REPORT - HIPAA 278Request to MMIS

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		<b>Health Care Services Review -- Request for Review</b>							
	BHT03	Submitter Transaction Identifier	AN30	R				Return in 278-response BHT03	Match Back
2000A	HL	<b>Utilization Management Organization (UMO) Level</b>		R					
2010A	NM1	<b>Utilization Management Organization (UMO) Name</b>		R					
2000B	HL	<b>Requester Level</b>		R					
2010B	NM1	<b>Requester Name</b>		R					
2000C	HL	<b>Subscriber Level</b>		R					
2010C	NM1	<b>Subscriber Name</b>		R				If subscriber is NOT recipient, use Loop 2010D instead of 2010C for recipient data.	Translation
2000D	HL	<b>Dependent Level</b>		S					
2010D	NM1	<b>Dependent Name</b>		R					
2000E	HL	<b>Service Provider Level</b>		R					
2010E	NM1	<b>Service Provider Name</b>		R				This is the provider who received the PA, rather than the requesting prov, if different.	Processing Logic
2010E	NM101	Entity Identifier Code	ID3	R				Store & send back in 278-response Loop 2010E NM1	Match Back
2010E	NM108	Identification Code Qualifier	ID2	S				Store & send back in 278-response Loop 2010E NM1	Match Back

<i>Loop</i>	<i>SegID</i>	<i>HIPAA Name</i>	<i>DT</i>	<i>Req</i>	<i>File</i>	<i>Field</i>	<i>DT</i>	<i>Comment</i>	<i>CommentType</i>
2010E	NM109	Service Provider Identifier	AN80	S				Store & send back in 278-response Loop 2010E NM1	Match Back
<b>2000F</b>	<b>HL</b>	<b>Service Level</b>		<b>R</b>					
2000F	TRN02	Service Trace Number	AN30	R				Store & send back in 278-response Loop 2000F TRN	Match Back
2000F	TRN03	Trace Assigning Entity Identifier	AN10	R				Store & send back in 278-response Loop 2000F TRN	Match Back
2000F	TRN04	Trace Assigning Entity Additional Identifier	AN30	S				Store & send back in 278-response Loop 2000F TRN	Match Back
2000F	UM 04	Facility Type Code	AN2	R				Use facility type code?	Match Back

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### Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

### Column Heading Legend:

"DT" = Data Type

### COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

### HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)